

FILED FEB 20 1942 97

Registration District No.

Primary Registration District No. **16 11**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Central**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Eolia**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 years** (Specify whether years, months or days)

In this community **6 years**

3. (a) PRINT FULL NAME

John C. Smith

3. (b) If veteran,

name war **no**

3. (c) Social Security

No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married **Married**

6. (b) Name of husband or wife **Clara C. Smith** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **June 14 1870** (Month) (Day) (Year)

8. AGE: Years **71** Months **6** Days **24** If less than one day hr. min.

9. Birthplace **Pike County** (City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business

12. Name **William B. Smith**

13. Birthplace **Pike County** (City, town, or county) (State or foreign country)

14. Maiden name **Mailey**

15. Birthplace **Pike** (City, town, or county) (State or foreign country)

16. (a) Informant **Wesley H. Hargraves**

(b) Address **Eolia**

17. (a) **Louisiana** (b) Date thereof **Jan 9 1942** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Louisiana**

18. (a) Signature of funeral director **W. H. Hargraves**

(b) Address **Eolia**

19. (a) **Jan 8 1942** (b) **B. M. Hooch** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike**
(c) City or town **Eolia**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? **no** (If yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **9th** year **1942** hour **6** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **April 1937** to **Jan 8 1942** that I last saw him alive on **Jan 7 1942** and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of stomach, metastasis to liver** Duration **6 mos.**

Due to **Gastric Ulcers**

Due to **46 L**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations **No operations.**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **Dr. W. H. Hargraves** (M. D. or other) **MD.**

Address **Eolia, Mo.** Date signed **1-8-42**

RECEIVED

District Health Officer No. 10

District File Number 2-42-320

Date Filed FEB 19 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Norman E. Gooch

Licensed Embalmer No. 23420

P. O. Address Edin, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.